

Nevada State Board of Dental Examiners
6010 S Rainbow Boulevard, #A-1
Las Vegas, NV 89118
Telephone: (702) 486-7044

GENERAL ANESTHESIA PERMIT APPLICATION

Name: _____ License Number: _____

Dental Practice Name: _____

Office Site Permit ☐

Check box if you are applying for a Site Permit for this same office location as well

Office Address: _____

Office Telephone: _____ Office Fax: _____

DENTAL EDUCATION

University / College: _____

Location: _____

Dates attended: _____ Degree Earned: _____

SPECIALTY EDUCATION

University / College: _____

Location: _____

Dates attended: _____ Degree Earned: _____

HAVE YOU:

1) Completed one (1) year advanced training in Anesthesiology?

_____ Yes

_____ No

Where: _____ When: _____

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

_____ Yes

_____ No

Where: _____ When: _____

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association?

_____ Yes

_____ No

Where: _____ When: _____

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer general anesthesia ONLY at the address listed above. If I wish to administer general anesthesia at another location, I understand that each site must be inspected and certified by the Board prior to administration of any general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant _____

Date _____

The following information and documentation must be received by the Board office prior to consideration of a general anesthesia permit:

1. *Completed and signed application form with all questions answered in full;*
2. *Non-refundable application fee in the amount of \$350;*
3. *Proof of completion of approved training requirements in general anesthesia;*
4. *Copy of current certification in Advanced Cardiac Life Support, or in Pediatric Advance Life Support if you have a current Nevada specialty license for Pediatric Dentistry*